ALERTS SECURITY FORM
DCMC EMPLOYEES ONLY

FROM: _____ TO: _____

ORG NAME: _____

ATTENTION: DCMC

1. NAME: _____ 2. SSN (LAST SIX

ONLY)_____
          Last, First, Middle Initial   **(Typed or Legibly Printed)**

3. **OFFICE SYMBOL:** _____   4. **JOB TITLE/FUNCTION**_____

5. **PHONE NUMBER:** (Circle One of the Following)   DOMESTIC   INTERNATIONAL   CANADIAN
                (Commercial) (_____)_____-_____EXT_____DSN_____

6. **CURRENT SMTP ELECTRONIC MAILADDRESS**_____
                        (EXAMPLE: jsmith@dcmde.dla.mil)
7. **STANDARD DLA LOGON (If Known)**   _____
                (EXAMPLE: BDT1000)

I understand that I am responsible for protection of any user identifier and password, which may be issued to me, and that I will comply with instructions provided. I understand my user identifier and password are unique and only for my use. I am aware that I must change my password AT LEAST every 180 days. By affixing my signature below, I signify that I understand my responsibilities as described here.

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8. **DCMC EMPOLYEES ONLY:**   ADD____ CHANGE____ DELETE_____   9. **DODAAC** _____

10. **TYPE OF USER (CIRCLE ONE OR MORE):** CAO USER SYSOP USER TASO USER TASO/SYSOP USER
               *****IF CAO USER FILL OUT THE FOLLOWING INFORMATION*******
 CAO USER APPLICATION ROLE: ACO/CA   APPROVAL AUTH   DCMC INQ   PROD SURV SUPER USER
                    *****UP TO 5 CAO USER APPLICATION ROLES MAY BE CIRCLED*****
    MOCAS THREE DIGIT CODE: _____
    USER CODES: ACO   CA   IS   CMA   QAR   NONE/NOT SHOWN HERE
        *** If more than one, circle primary user code   ACO CA IS CMA   QAR***
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11. **ALERTS USER SIGNATURE**_____ **DATE**_____

12. **SUPERVISOR NAME**_____ **PHONE**_____
                       (Typed or legibly printed)
13. **SUPERVISOR SIGNATURE**_____ **DATE**_____

14. **TASO or POC NAME**_____ **PHONE**_____
                       (Typed or legibly printed)

15. **TASO or POC SIGNATURE**_____ **DATE**_____

DCMDE FORM 528.b (REVISED 04/21/1999)